SKIN—Health Care Use & Policy Studies

PSK8

ASSESSMENT OF INVOLVED BODY SURFACE AREA (BSA) IN PSORIASIS PATIENTS. VALIDATION OF SOFTWARE ASSISTED DIAGNOSIS BSA FOR THE MANAGEMENT OF PSORIASIS

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OBJECTIVES: To validate a software, for an optical pencil toll, to calculate psoriasis patients' Body Surface Area (BSA) and to demonstrate that the new developed method is been valid and reliable to quantify the BSA. **METHODS:** Multicentre prospective study at Dermatology centres (Five Spanish Hospitals and one Portuguese Hospital). In each hospital two dermatologists visited the same patients twice (second visit 3 days after first). 60 dermatologists included ≤10 consecutive patients with psoriasis. Sociodemographical and clinical variables (PASI, time since diagnosis, current treatment) and BSA scores were colleted for each patient in the two visits. To calculate BSA scores traditional method (visual grading following the nine rule of Wallace method's) and the optical pencil method (BSA software developed) were used. Inter-intraobservers reliability, variability between BSA scores regarding the new tool, versus the traditional method, and the tool's usefulness will be assessed. **RESULTS:** Fifty-six patients were included. Mean (SD) age was 48.93 (16.76) years. Mean (SD) time since diagnosis was 18.77 (14.28). Pearson's correlation coefficient between both methods was 0.91 ($p < 0.01$). Intraobserver correlation for each of the methods was 0.91. The correlation among both methods was in the first visit 0.92 and 0.90 in the second visit. The ICC was higher than 0.85 independently of which of the two methods were used firstly. The investigators considered that the new method is easy to use (94%), it guides towards the disease management (64%) and standardizes the calculation of the body surface area (86.4%). **CONCLUSION:** These results can prove that the software to assess BSA has shown to be valid to be used both in clinical practice and in clinical studies. Therefore, the optical pencil method to quantify BSA can be used as standard for the assessment of involved body surface area in the management of psoriatic patients.

PSK9

PRIOR AUTHORIZATION FOR TOPICAL PSORIASIS TREATMENTS: IS IT COST-BENEFICIAL FOR MANAGED CARE?

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OBJECTIVES: The introduction of novel therapeutic options for psoriasis has raised managed care's interest in controlling costs associated with dermatological treatments. Prior authorization (PA) can be a successful way of managing costs. However, experience with topical treatments for acne suggests that PA may not be cost-effective. The role of managed care in dermatology and the potential impact of PA requirements for novel topical therapies for psoriasis are considered. **METHODS:** Using a model based on recent nationally representative survey data (NAMCS), total annual cost estimates for a managed care organization to cover psoriasis treatment with a topical agent with or without PA requirements were calculated and compared. Costs for treatment and administrative costs associated with PA processes were included. The model assumed 68,000 insured patients required treatment (with an additional 1% to account for abuse/misuse), an average wholesale price of $100 per prescription (each prescription filled 4x/year), and a cost of $20 to process each PA request. **RESULTS:** The total annual costs were $28,573,600 when PA was required and $27,472,000 when PA was not required. Thus there was a total annual loss to the managed care organization of $1,101,600 associated with PA requirements. **CONCLUSION:** Requiring PA for novel topical treatments for psoriasis, such as the new 2-compound product containing calcipotriene and betamethasone dipropionate, is not likely to be cost-effective for a managed care organization.

SKIN—Methods and Concepts

PSK10

QUANTITATIVE ASSESSMENT OF PATIENT-DEFINED BENEFIT IN DERMATOLOGY

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OBJECTIVES: In an increasing number of European countries patient-defined benefit is considered important in the valuation of therapy. So far, most procedures used for benefit assessment do not cover the broad spectrum of benefits relevant to patients nor do they allow for an individual weighting of preferences. In this context a patient-reported benefit questionnaire was developed and validated. **METHODS:** Initially, open questioning of n = 100 dermatological patients generated a pool of 213 benefit items which were converted into a 24 item-list by an expert panel of dermatologists, psychologists and patients. This pilot version of the questionnaire was evaluated in a group of n = 500 patients with 10 dermatological diagnoses. Basic principle of the instrument is pre/post data-collection. Prior to therapy, individually perceived needs (Patient Needs Questionnaire, PNQ) are obtained: For each of the 24 standardized items patients rate its importance on a Likert scale ranging from 0 ("not important at all" resp. "doesn't apply to me") to 4 ("very important"). At the end of therapy the degree to wich these benefits (Patient Benefit Questionnaire, PBQ) were achieved is assessed using the same list with scaling from 0 ("therapy didn't help at all") to 4 ("helped a lot"). To compose a single outcome parameter a formula was developed by weighting the PBQ with their respective PNQ-items. This "Patient Benefit Index" (PBI) also ranges from 0 to 4. **RESULTS:** Besides good acceptance and feasibility the PBI showed construct validity and the PNQ a high internal consistency with Cronbach's alpha > 0.94. Diagnostic groups presented different and clinically plausible outcome-patterns: Whereas the PBI was rather low for all vitiligo-therapies (mean = 1.03, SD 1.13, n = 711) wound-patients undergoing vacuum-assisted therapy (n = 172) showed a mean PBI of 2.75 (SD = 0.89). **CONCLUSION:** The PBI is a valid and reliable instrument to obtain patient-defined and individually weighted therapeutic benefits in clinical and public health studies.

SKIN—Patient Reported Outcomes

PSK11

EVALUATION OF THE ASSOCIATION BETWEEN EQ5D UTILITY AND DERMATOLOGY LIFE QUALITY INDEX (DLQI) SCORE IN PATIENTS WITH PSORIASIS

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OBJECTIVES: The Dermatology Life Quality Index (DLQI) is a validated and widely used patient reported outcomes instrument.